



HANANESTHESIOLOGY

# Medical Clearance Request

Dear Physician,

Please provide your expert opinion regarding the patient's medical fitness to undergo anesthesia for dental surgery.

Return to: [office@hananesthesiology.com](mailto:office@hananesthesiology.com) or fax at 214-614-7484. Thank you.

## PATIENT INFORMATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## RECENT VITAL SIGNS

Date: \_\_\_\_\_

Blood Pressure/HR: \_\_\_\_\_

SpO2: \_\_\_\_\_

## SPECIALTY CARE

Is the patient under the care of any other medical specialists?  No

Yes (Please list all)

## MEDICATIONS AND ALLERGIES

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

## SYMPTOMS AND PHYSICAL PRESENTATION

Is the patient experiencing any symptoms? \_\_\_\_\_

Does the patient have limited exercise tolerance? \_\_\_\_\_

Does the patient have limited mobility? Please Explain: \_\_\_\_\_

## MEDICAL CONDITIONS

Has the patient had any of the following conditions?

Hypertension Signs of end-organ damage: \_\_\_\_\_

CAD/MI Symptoms \_\_\_\_\_

A-Fib Is the rate under control: \_\_\_\_\_

Other Cardiovascular Conditions \_\_\_\_\_



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- Respiratory Conditions \_\_\_\_\_
- Diabetes      Recent HbA1c \_\_\_\_\_ Date of HbA1c \_\_\_\_\_
- Hyperthyroidism \_\_\_\_\_
- Acromegaly \_\_\_\_\_
- Other Endocrine Disorders \_\_\_\_\_
- Bleeding Disorders \_\_\_\_\_
- Psychologic Disorders \_\_\_\_\_
- Sleep Apnea \_\_\_\_\_
- Genetic Disorders \_\_\_\_\_
- Other Medical Conditions \_\_\_\_\_

## HIGH RISK CONDITIONS

Does the patient have any of the high-risk medical conditions or presentations?

- Age  $\geq$  80       Family History of Adverse Reaction to Anesthesia
- BMI  $\geq$  35       History of Malignant Hyperthermia

## PHYSICIAN OPINION AND ATTESTATION

Is the patient optimized from a medical standpoint?       Optimized       Not Optimized

Does the patient require further medical evaluation? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ (physician name/title) attest to the accuracy of the information and the opinion provided herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_